

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MINNESOTA

IN RE: LATRISHA M VETAW

Case No. \_\_\_\_\_

**STATEMENT UNDER PENALTY OF PERJURY RE:  
PAYMENT ADVICES DUE PURSUANT TO 11 U.S.C. § 521(a)(1)(B)(iv)**

- ☒ Debtor has attached to this statement copies of all payment advices or other evidence of payment received within 60 days before the date of the filing of the petition from any employer.
- ☐ Debtor has not filed copies of payment advices or other evidence of payment received within 60 days before the date of the filing of the petition from any employer because:
- ☐ Debtor was not employed during the 60 days preceding the filing of the petition;
  - ☐ Debtor was employed for only a portion of the 60 days preceding the filing of the petition. Please specify period during which debtor was unemployed:
  - ☐ Debtor was self-employed during the 60 days preceding the filing of the petition;
  - ☐ Debtor received only unemployment, veteran's benefits, social security, disability or other retirement income during the 60 days preceding the filing of the petition; or
  - ☐ Other (please explain):

I declare under penalty of perjury that I have read this Statement and it is true to the best of my knowledge, information and belief.

Signature of Debtor:  Date: 1-30-14

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- ☐ Joint Debtor has attached to this statement copies of all payment advices or other evidence of payment received within 60 days before the date of the filing of the petition from any employer.
- ☐ Joint Debtor has not filed copies of payment advices or other evidence of payment received within 60 days before the date of the filing of the petition from any employer because:
- ☐ Joint Debtor was not employed during the 60 days preceding the filing of the petition;
  - ☐ Joint Debtor was employed for only a portion of the 60 days preceding the filing of the petition. Please specify period during which debtor was unemployed:
  - ☐ Joint Debtor was self-employed during the 60 days preceding the filing of the petition;
  - ☐ Joint Debtor received only unemployment, veteran's benefits, social security, disability or other retirement income during the 60 days preceding the filing of the petition; or
  - ☐ Other (please explain):

I declare under penalty of perjury that I have read this Statement and it is true to the best of my knowledge, information and belief.

Signature of Joint Debtor: \_\_\_\_\_ Date: \_\_\_\_\_

S2032A

Northpoint Health & Wellness Center, Inc  
1315 Penn Avenue North  
Minneapolis, MN 55411

# Earnings Statement

Check Date: February 26, 2014  
Period Beginning: February 08, 2014  
Period Ending: February 21, 2014  
Voucher Number: 110723  
Net Pay: 922.53

Latrisha M Vetaw

Employee Number

Department  
Fund

401  
113

Earnings	Rate	Hours	Amount	YTD Hrs	YTD Amt	Taxes	Status	Taxable	Amount	YTD Amt
Regular Ba	19.23	72.00	1384.56	240.00	5519.92	1510.12		1510.12	21.90	87.59
Holiday	19.23	8.00	153.84	24.00	461.52	OASDI		1510.12	93.63	374.51
Sick				5.75	110.37	Federal Income Tax	S/99	1479.35		
Vacation				24.00	461.32	Minnesota SITW	S/99	1479.35		
<b>Total Gross Pay</b>	<b>80.00</b>	<b>1538.40</b>	<b>320.00</b>	<b>6153.60</b>		<b>Total Tax Withholding</b>			<b>115.53</b>	<b>462.10</b>

Direct Deposits	Account	Amount
XXXXXX	XXXXXX	922.53
<b>Total Direct Deposits</b>		<b>922.53</b>

Deductions	Amount	YTD Amt
401k	30.77	123.08
Ptins	28.28	113.12
Aflac - At	85.57	342.28
Levy	353.72	1422.88
<b>Total Deductions</b>	<b>500.34</b>	<b>2001.36</b>

Benefits Hours Amount YTD Hrs YTD Amt

Accruals

Dollars

REMOVE DOCUMENT ALONG THIS PERFORATION

THIS DOCUMENT CONTAINS MULTIPLE FRAUD DETERRENT SECURITY FEATURES - SEE REVERSE

Northpoint Health & Wellness Center, Inc  
1315 Penn Avenue North  
Minneapolis, MN 55411

Direct Deposit Advice  
Check Date: February 26, 2014  
Voucher Number: 110723

\*\*\*This is not a check\*\*\*

Latrisha M Vetaw  
3241 47th Ave So  
Minneapolis, MN 55406

Security Features Included: Details on back

S2032A

Northpoint Health & Wellness Center, Inc  
1315 Penn Avenue North  
Minneapolis, MN 55411

# Earnings Statement

Check Date: February 12, 2014  
Period Beginning: January 25, 2014  
Period Ending: February 07, 2014  
Voucher Number: 110668  
Net Pay: 922.53

Employee Information						Earnings Statement			
Latrisha M Vefaw						Department	401		
						Fund	113		
Earnings	Rate	Hours	Amount	YTD Hrs	YTD Amt	Taxes	Status	Amount	YTD Amt
Regular Ea	19.23	80.00	1538.40	194.25	3735.43	Medicare		1510.12	21.90
Holiday				16.00	307.68	OASDI		1510.12	93.63
Vacation				24.00	461.52	Federal Income Tax	S/99	1479.35	
Sick				5.75	110.57	Minnesota SITW	S/99	1479.35	
Total Gross Pay	80.00	1538.40	240.00	4615.20		Total Tax Withholding		115.53	346.57

Deductions	Amount	YTD Amt
401k	30.77	92.31
Plins	28.28	84.84
Allac - At	85.57	256.71
Levy	355.72	1067.16
Total Deductions	500.34	1501.02

Direct Deposits	Account	Amount
XXXXXX	XXXXXXXXXX	922.53
Total Direct Deposits		922.53

Benefits	Hours	Amount	YTD Hrs	YTD Amt

## Accruals

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Northpoint Health & Wellness Center, Inc  
1315 Penn Avenue North  
Minneapolis, MN 55411

Direct Deposit Advice  
Check Date: February 12, 2014  
Voucher Number: 110668

\*\*\*This is not a check\*\*\*

Latrisha M Vefaw  
3241 47th Ave So  
Minneapolis, MN 55406

S2032A

Northpoint Health & Wellness Center, Inc  
1315 Penn Avenue North  
Minneapolis, MN 55411

**Earnings Statement**

Check Date: January 29, 2014  
Period Beginning: January 11, 2014  
Period Ending: January 24, 2014  
Voucher Number: 110611  
Net Pay: 922.55

**Latriasha M. Vefaw** Employee Number **626** Department **401** Fund **113**

Earnings	Rate	Hours	Amount	YTD Hrs	YTD Amt
Regular Ea	19.23	72.00	1384.56	114.25	2197.03
Holiday	19.23	8.00	153.84	16.00	307.68
Vacation				24.00	461.52
Sick				5.75	110.57
<b>Total Gross Pay</b>		<b>80.00</b>	<b>1538.40</b>	<b>160.00</b>	<b>3076.80</b>

Taxes	Rate	Amount	YTD Amt
Medicare		1510.12	43.79
OASDI		1510.12	93.62
Federal Income Tax	8/99	1479.35	
Minnesota SITW	8/99	1479.35	
<b>Total Tax Withholding</b>			<b>115.51</b>

Deductions	Amount	YTD Amt
401k	30.77	61.54
Plins	28.28	56.56
Allac - At	83.57	171.14
Levy	355.72	711.44
<b>Total Deductions</b>	<b>500.34</b>	<b>1000.68</b>

Direct Deposits	Account	Amount
XXXXX	XXXXXX	922.55
<b>Total Direct Deposits</b>		<b>922.55</b>

Benefits	Hours	Amount	YTD Hrs	YTD Amt
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**Accruals**

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Northpoint Health & Wellness Center, Inc  
1315 Penn Avenue North  
Minneapolis, MN 55411

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**Latriasha M Vefaw**  
3241 47th Ave So  
Minneapolis, MN 55406

Direct Deposit Advice  
Check Date: January 29, 2014  
Voucher Number: 110611

S2032A

Northpoint Health & Wellness Center, Inc  
1315 Penn Avenue North  
Minneapolis, MN 55411

**Earnings Statement**

Check Date: January 15, 2014  
Period Beginning: December 28, 2013  
Period Ending: January 10, 2014  
Voucher Number: 110556  
Net Pay: 922.53

Latrisha M Vetaw Employee Number 9207 Department 401 Fund 113

Earnings	Rate	Hours	Amount	YTD Hrs	YTD Amt	Taxes	Status	Amount	YTD Amt
Regular Ea	19.23	42.25	812.47	42.25	812.47	Medicare		1510.12	21.90
Vacation	19.23	24.00	461.52	24.00	461.52	OASDI		1510.12	93.63
Holiday	19.23	8.00	153.84	8.00	153.84	Federal Income Tax	S/99	1479.35	
Sick	19.23	5.75	110.57	5.75	110.57	Minnesota SITW	S/99	1479.35	
<b>Total Gross Pay</b>		<b>80.00</b>	<b>1538.40</b>	<b>80.00</b>	<b>1538.40</b>	<b>Total Tax Withholding</b>			<b>115.53</b>

Deductions	Amount	YTD Amt
401k	30.77	30.77
Ptins	28.28	28.28
Aflac -At	85.57	85.57
Levy	355.72	355.72
<b>Total Deductions</b>	<b>500.34</b>	<b>500.34</b>

Direct Deposits	Account	Amount
XXXXXX	XXXXXXXXXX	922.53
<b>Total Direct Deposits</b>		<b>922.53</b>

Benefits Hours Amount YTD Hrs YTD Amt

Accruals Dollars

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Northpoint Health & Wellness Center, Inc  
1315 Penn Avenue North  
Minneapolis, MN 55411

Direct Deposit Advice  
Check Date: January 15, 2014  
Voucher Number: 110556

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Latrisha M Vetaw  
3241 47th Ave So  
Minneapolis, MN 55406

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**Earnings Statement**

**Northpoint Health & Wellness Center, Inc**  
 1315 Penn Avenue North  
 Minneapolis, MN 55411

Check Date: **December 31, 2013**  
 Period Beginning: **December 14, 2013**  
 Period Ending: **December 27, 2013**  
 Voucher Number: **110455**  
 Net Pay: **873.71**

**Latrisha M Vetaw**

Employee Number

~~8887~~

Department  
 Fund

401  
 113

Earnings	Rate	Hours	Amount	YTD Hrs	YTD Amt
GTL	0.00		142.56		142.56
Regular Ea	19.23	48.00	923.04	1849.34	34230.45
Holiday	19.23	16.00	307.68	104.00	1932.00
Vacation	19.23	16.00	307.68	133.90	2511.02
Overtime E				0.07	1.68
Birthday				8.00	153.84
Sick				107.58	1945.10
<b>Total Gross Pay</b>	<b>80.00</b>	<b>1680.96</b>	<b>2202.89</b>		<b>40916.65</b>

Taxes	Status	Taxable Amount	YTD Amt
Medicare		1652.68	23.97
OASDI		1652.68	102.47
Federal Income Tax	S/99	1621.91	
Minnesota SITW	S/99	1621.91	
<b>Total Tax Withholding</b>			<b>126.44</b>
			<b>3056.72</b>

Direct Deposits	Account	Amount
<del>xxxxxx</del>	<del>xxxxxx</del>	<del>873.71</del>
<b>Total Direct Deposits</b>		<b>873.71</b>

Deductions	Amount	YTD Amt
Grp term life ded	142.56	142.56
401k	30.77	629.64
Ptins	28.28	959.56
Aflac -At	85.57	1423.57
United Way	5.00	135.00
Levy	388.63	6990.51
<b>Total Deductions</b>	<b>680.81</b>	<b>10280.84</b>